

## Norridge Police Department

### Accident Review Board

Date assigned	Member	Present	Excused	Unexcused
5/1/2003	Sgt.Orlando	x		
7/15/2016	Cpl. Wendt	x		
10/01/16	Off. Smith		x	
5/1/2003	Off. Malicki	x		

Review Date: 01/06/2017

M/V Crash 2016-15082

Officer: Off. Ljubicic #34

Squad #516

#### 1.Classification1.

- a.The incident was NON-PREVENTABLE and the employee was not at fault. Caution was apparently excersised.
- b.The employee was legally parked or standing.
- c.The employee was aware of the impending hazard,was alert to the consequences and skillful in minimizing the effect of the hazard.
- d.In incidents the board resolves to be Classification I,no disciplinary action will be taken.

#### 2.Classification II.

- a.The employee failed to exercise reasonable and due care.
- b.The employee deviated inexcusably from Dept. Rules and Regulations,Procedures and/or General Safety Practices. procedures and/or general safety practices.
- c.In incidents the board resolves to be Classification II,disciplinary action recommended may be:
  - (i) For the very first incident of record for the employee in a rolling 24 month period, a letter of reprimand will be issued and attendance and successful completion of a "Defensive Driving Course may be ordered.Only one letter of reprimand may be issued during the 24 month period in which the incident occurred.
  - (ii)For a second Classification II finding by the board in the 24 month period a 2 day suspension without pay shall be imposed.
  - (iii)For a third Classificaton II finding by the board in a 24 month period,a 3 day suspension without pay shall be imposed.

Recommendation: The board unanimously agreed 2a.Off. Ljubicic hit a fixed object.

## ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets

DRAG	PEDV	TRFD	TRFC	WEAT	DRVA	VIS	VEHD	LIGHT	COLL	MANV	PPA	PPL
U1	U2	1	1	1	99	U1	U2	U1	15	U1	99	9

\*P0113\*

\*U130277811\*

INVESTIGATING AGENCY <b>NORRIDGE POLICE DEPT.</b>	DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY <input checked="" type="checkbox"/> \$500 OR LESS <input type="checkbox"/> \$501 - \$1,500 <input type="checkbox"/> OVER \$1,500	TYPE OF REPORT <input checked="" type="checkbox"/> ON SCENE <input type="checkbox"/> NOT ON SCENE (DESK REPORT) <input type="checkbox"/> AMENDED	<input checked="" type="checkbox"/> A No Injury / Drive Away <input type="checkbox"/> B Injury and / or Tow Due To Crash	AGENCY CRASH REPORT NO. <b>16 / 15082</b>	TRFW <b>8</b>
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ADDRESS NO. <b>4020</b>	HIGHWAY or STREET NAME <b>N. OLCOTT AVENUE</b>	CITY <b>NORRIDGE</b>	TOWNSHIP <input type="checkbox"/>	INTERSECTION RELATED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DATE OF CRASH <b>12/29/16</b> mo day yr	TIME <b>2:39</b> AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	LARS CODE	VEHT <b>15</b>
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(CIRCLE) FT / MI N E S W <input type="checkbox"/> AT INTERSECTION WITH	(CIRCLE) (NAME OF INTERSECTION OR ROAD FEATURE) <b>COOK</b>	COUNTY <b>COOK</b>	PRIVATE PROPERTY <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	HIT & RUN <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DOORING WITH PEDALCYCLIST? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	NUMBER MOTOR VEHICLES INVLD <b>1</b>	LARS CODE	U2 <b>99</b>
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NAME <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV (LAST, FIRST, MI) <b>LSUBICIC, ZELJKA</b>	DATE OF BIRTH <b>[REDACTED]</b>	MAKE <b>FORD</b>	MODEL <b>EXPLORER</b>	YEAR <b>2014</b>	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT <b>8</b>	FRONT TOWED DUE TO CRASH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N FIRE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N CELLPHONE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N EXCEED SPEED LIMIT <input type="checkbox"/> Y <input checked="" type="checkbox"/> N COM VEH * IF YES SEE SIDEBAR <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	INSURANCE CO. <b>UNDERWRITERS AT LLOYDS OF LONDON (IL)</b>	U1 <b>1</b>
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STREET ADDRESS <b>4020 N. OLCOTT AVENUE</b>	SEX <b>F</b>	SAFT <b>2</b>	AIR <b>9</b>	PLATE NO. <b>MP10117</b>	STATE <b>IL</b>	YEAR <b>2017</b>	U2 <b>99</b>
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CITY <b>NORRIDGE</b>	STATE <b>IL</b>	ZIP <b>60706</b>	INJURY <b>0</b>	EJECT <b>1</b>	VIN <b>1FM5KBAR3E6A38330</b>	VEHICLE OWNER (LAST, FIRST MI.) <b>VILLAGE OF NORRIDGE</b>	INSURANCE CO. <b>UNDERWRITERS AT LLOYDS OF LONDON (IL)</b>	U2 <b>99</b>
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TELEPHONE <b>(708)453-4770</b>	DRIVER LICENSE NO. <b>[REDACTED]</b>	STATE <b>IL</b>	CLASS <b>D</b>	VEHICLE OWNER (LAST, FIRST MI.) <b>VILLAGE OF NORRIDGE</b>	INSURANCE CO. <b>UNDERWRITERS AT LLOYDS OF LONDON (IL)</b>	U2 <b>99</b>
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TAKEN TO <b>N/A</b>	EMS AGENCY <b>N/A</b>	OWNER ADDRESS (STREET, CITY, STATE, ZIP) <b>4020 N. OLCOTT AVE, NORRIDGE, IL 60706</b>	TELEPHONE <b>(708)453-4770</b>	POLICY NO. <b>BGP10005404</b>	U2 <b>99</b>
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NAME <input type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV (LAST, FIRST, MI)	DATE OF BIRTH <b>1/1</b>	MAKE	MODEL	YEAR	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT <b>8</b>	FRONT TOWED DUE TO CRASH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N FIRE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N CELLPHONE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N EXCEED SPEED LIMIT <input type="checkbox"/> Y <input checked="" type="checkbox"/> N COM VEH * IF YES SEE SIDEBAR <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	INSURANCE CO.	U2 <b>99</b>
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STREET ADDRESS	SEX	SAFT	AIR	PLATE NO.	STATE	YEAR	U2 <b>99</b>
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CITY	STATE	ZIP	INJURY	EJECT	VIN	VEHICLE OWNER (LAST, FIRST MI.)	INSURANCE CO.	U2 <b>99</b>
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TELEPHONE	DRIVER LICENSE NO.	STATE	CLASS	VEHICLE OWNER (LAST, FIRST MI.)	INSURANCE CO.	U2 <b>99</b>
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TAKEN TO	EMS AGENCY	OWNER ADDRESS (STREET, CITY, STATE, ZIP)	TELEPHONE	POLICY NO.	U2 <b>99</b>
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UNIT	SEAT	DOB	SEX	SAFT	AIR	INJ	EJECT	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)	U1 <b>1</b>
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UNIT	SEAT	DOB	SEX	SAFT	AIR	INJ	EJECT	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)	U2 <b>3</b>
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UNIT	SEAT	DOB	SEX	SAFT	AIR	INJ	EJECT	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)	U2 <b>3</b>
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UNIT	SEAT	DOB	SEX	SAFT	AIR	INJ	EJECT	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)	U2 <b>3</b>
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UNIT	SEAT	DOB	SEX	SAFT	AIR	INJ	EJECT	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)	U2 <b>3</b>
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UNIT	SEAT	DOB	SEX	SAFT	AIR	INJ	EJECT	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)	U2 <b>3</b>
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REMEMBER TO USE BLACK INK, PRESS HARD, PRINT LEGIBLY AND COMPLETE ALL REQUIRED FIELDS!

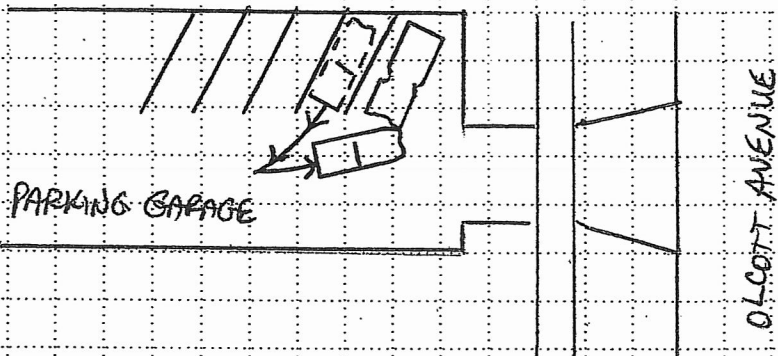
U130277811

A **Diagram** and **Narrative** are required on all **Type B** crashes, even if units have been moved prior to the officer's arrival.



INDICATE NORTH  
BY ARROW

4020 N. OLCOTT AVE.



(DIAGRAM NOT TO SCALE)

NARRATIVE (Refer to vehicle by Unit No.)

IN SUMMARY: DRIVER OF UNIT 1 RELATED THAT SHE BACKED HER UNIT SOUTHWEST BOUND OUT OF A PARKING SPACE AT 4020 N. OLCOTT AVENUE. DRIVER OF UNIT 1 RELATED THAT SHE THEN PULLED FORWARD EASTBOUND WHEN THE DRIVER'S SIDE BUMPER OF UNIT 1 STRUCK THE DRIVER'S SIDE FRONT OF A KUBOTA SNOW TRACTOR PARKED TO THE EAST OF WHERE UNIT 1 HAD BEEN PARKED. THERE WERE NO REPORTED INJURIES.

LOCAL USE ONLY

U1 Color **BLACK** U2 Color **N/A**  
U1 Towed by / to **N/A**

U2 Towed by / to **N/A**

## COMMERCIAL MOTOR VEHICLE (CMV)

IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A  
ADDITIONAL UNITS FORMS.

A CMV is defined as any motor vehicle used to transport passengers or property and:

1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination); or
2. Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus); or
3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger car); or
4. Is used or designated to transport between 9 and 15 passengers, including the driver, for direct compensation (example: large van used for specific purpose); or
5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle).

CARRIER NAME

ADDRESS

CITY/STATE/ZIP

USDOT NO.

ILCC NO.

Source of above info. ☐ Side of Truck ☐ Papers ☐ Driver ☐ Log Book

Gross Vehicle Weight Rating (GVWR)

Were HAZMAT placards displayed on the vehicle? ☐ Y ☐ N

If yes, name on placard

4-digit UN no. 1-digit Hazard Class no.

Did HAZMAT spill from the vehicle (do not consider fuel from the vehicle's own tank)? ☐ Y ☐ N ☐ UNK

Did HAZMAT Regulations violation contribute to the crash? ☐ Y ☐ N ☐ UNK

Did Motor Carrier Safety Regulations (MCS) violation contribute to the crash? ☐ Y ☐ N ☐ UNK

Was a Driver/Vehicle Examination Report form completed?

HAZMAT ☐ Y ☐ N ☐ UNK Out of Service? ☐ Y ☐ N

MCS ☐ Y ☐ N ☐ UNK Out of Service? ☐ Y ☐ N

Form No.

IDOT PERMIT NO.

WIDE LOAD? ☐ Y ☐ N

TRAILER WIDTH(S): 0-96" 97-102" >102"

TRAILER 1 ☐ ☐ ☐

TRAILER 2 ☐ ☐ ☐

TRAILER LENGTH(S): 1 ft TRAILER 2 ft

TOTAL VEHICLE LENGTH ft NO. OF AXLES

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:

VEHICLE CONFIGURATION

CARGO BODY TYPE LOAD TYPE



# NORRIDGE POLICE DEPARTMENT



## Employee Warning Notice

Name: Zeljka Ljubicic Star #: 34 Date: January 16, 2017

### TYPE OF VIOLATION

Attendance	Carelessness	Insubordination	Late Arrival/Early Quit
Failure to Follow Instructions	Rudeness Towards Citizens	Willful Damage to Equipment	Personal Business While on Duty
Unsatisfactory Work Performance	Violations of Policy/Procedure	X Motor Vehicle Crash	Missing a Court Date

Date of Violation: December 29, 2016 Time of Violation: 1439

### DESCRIPTION OF VIOLATION:

Officer Ljubicic was involved in a "preventable property damage crash as determined by the accident review board. Accident review board classified the crash a 2a, in that the officer failed to exercise reasonable care. (16-15082) Struck a parked snow throwing vehicle .

### OFFICER'S STATEMENT:

☒ I agree with the above description ☐ I disagree with the above description

My reason is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Officer's Signature

Star #

Date

ACTION TAKEN	DATE	SUPERVISOR NAME & STAR
Verbal Warning		
X Written Warning	01/16/17	<i>[Signature]</i>
Disciplinary Write-up		

### CONSEQUENCES IF VIOLATION OCCURS AGAIN;

Per Department policy, a second violation within the next 24 months of the date of this violation will result in a 2 day suspension.

I have read and understand this warning;

*[Signature]* #34  
Officer's Signature / Star #

1/20/2017  
Date

Supervisor Issuing Warning:

*[Signature]*  
Supervisor's Signature / Star #

1/20/2017  
Date